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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

October 23, 2013

VIA HAND DELIVERY

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, D.C. 20554

PUBLIC REFERENCE COPY

**Re: FCC Form 481 – Carrier Annual Report for Calendar Year 2013
WC Docket No. 10-90**

Dear Secretary Dortch:

On behalf of Bristol Bay Cellular Partnership (“BBCP”), SAC 619008 in Alaska, enclosed is a confidential version of BBCP’s FCC Form 481 Carrier Annual Report submitted pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The enclosed confidential version of the Form 481 Report has been marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

An additional copy of this filing has been provided, which you are requested to date-stamp and return in the envelope provided.

BBCP is also submitting, via an electronic filing, a redacted public copy of the Form 481 Report. The redacted public copy has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

BBCP respectfully requests confidential treatment of certain information provided in its Form 481 Report because this information is competitively sensitive and its disclosure would have a negative competitive impact on BBCP were it made publicly available. Such information would not ordinarily be made available to the public, and should be afforded confidential treatment under 47 C.F.R. §§ 0.457 and 0.459.

47.C.F.R. § 0.457

Specific information in the Form 481 Report is confidential and proprietary to BBCP as “trade secrets and commercial or financial information” under 47 C.F.R. § 0.457(d). Disclosure of such information to the public would risk revealing company-sensitive proprietary information in connection with BBCP’s ongoing business and operations.

47 C.F.R. § 0.459

Specific information in the Form 481 Report is also subject to protection under 47 C.F.R. § 0.459, as demonstrated below.

Information for which confidential treatment is sought

BBCP requests that specific information in the Form 481 Report be treated on a confidential basis under Exemption 4 of the Freedom of Information Act. The information designated as confidential includes (1) information relating to BBCP's capability to maintain network functionality during emergency situations and (2) information relating to BBCP's outreach to and engagement with Tribal authorities.

Descriptive documents relating to the network functionality in emergency situations and Tribal lands reporting also include confidential information and are marked "**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**"

Information relating to BBCP's capability to maintain network functionality during emergency situations and its outreach to and engagement with Tribal authorities is competitively sensitive information that BBCP maintains as confidential and is not normally made available to the public. Release of the information would have a substantial negative impact on BBCP since it would provide competitors with commercially sensitive information.

Commission proceedings in which the information was submitted

The information is being submitted in BBCP's Form 481 Report, WC Docket No. 10-90.

Degree to which the information in question is commercial or financial, or contains a trade secret or is privileged

The information in question is competitively sensitive information which is not normally released to the public as such release would have a substantial negative competitive impact on BBCP.

Degree to which the information concerns a service that is subject to competition and manner in which disclosure of the information could result in substantial harm

The release of this confidential and proprietary information would cause BBCP competitive harm by allowing its competitors to become aware of sensitive proprietary information regarding the operation of BBCP's business at a level of detail not currently available to the public.

Marlene H. Dortch, Secretary
Federal Communications Commission
October 23, 2013
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Measures taken by BBCP to prevent unauthorized disclosure and availability of the information to the public and extent of any previous disclosures of the information to third parties

BBCP has treated and continues to treat the non-public information disclosed in this Form 481 Report as confidential and has protected it from public disclosure to parties outside of the company.

Justification of the period during which BBCP asserts that the material should not be available for public disclosure

BBCP cannot determine at this time any date on which this information should not be considered confidential.

Other information BBCP believes may be useful in assessing whether its request for confidentiality should be granted

Under applicable Commission decisions, the information in question should be withheld from public disclosure.

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David Nace
Robert S. Koppel

Counsel to:
Bristol Bay Cellular Partnership

Enclosure

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	619008
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Todd A. Hoppe
<035> Contact Telephone Number: Number of the person identified in data line <030>	907-246-3403
<039> Contact Email Address: Email of the person identified in data line <030>	manager@bristolbay.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>				
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text"/>		<input type="checkbox"/>	
<310> Detail on Attempts (voice)	<input type="text"/>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>		<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	<input type="text"/>	<i>(attach descriptive document)</i>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)			<input type="text"/>	<input type="text"/>
<410> Fixed	<input type="text"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)			<input type="text"/>	
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 619008ak510	<i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 619008ak610	<i>(attach descriptive document)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>		<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>		<input type="checkbox"/>	
<1010>	<i>(attach descriptive document)</i>		<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>		<input type="checkbox"/>	
<1110>	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

619008

<010> Study Area Code

<015> Study Area Name

BRISTOL BAY CELLULAR PARTNERSHIP

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Todd A. Hoppe

<035> Contact Telephone Number - Number of person identified in data line <030>

907-246-3403

<039> Contact Email Address - Email Address of person identified in data line <030>

manager@bristolbay.com

<110> Has your company received its ETC certification from the FCC?

(yes / no) ☐ ☒

<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?

(yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

<010> Study Area Code

Study Area Name

<020>	Program Year

Contact Name - Person USAC should contact regarding this data
<030>

Country	Year	Number of women identified in data	Line no
Costa Rica	2000	1	1030
Czechia	2000	1	1031
Denmark	2000	1	1032
Dominican Republic	2000	1	1033
Ecuador	2000	1	1034
Egypt	2000	1	1035
El Salvador	2000	1	1036
France	2000	1	1037
Germany	2000	1	1038
Ghana	2000	1	1039
Greece	2000	1	1040
Guatemala	2000	1	1041
Honduras	2000	1	1042
Hungary	2000	1	1043
India	2000	1	1044
Indonesia	2000	1	1045
Italy	2000	1	1046
Jamaica	2000	1	1047
Japan	2000	1	1048
Kenya	2000	1	1049
Korea	2000	1	1050
Latvia	2000	1	1051
Lithuania	2000	1	1052
Madagascar	2000	1	1053
Malaysia	2000	1	1054
Mali	2000	1	1055
Mexico	2000	1	1056
Moldova	2000	1	1057
Morocco	2000	1	1058
Mozambique	2000	1	1059
Netherlands	2000	1	1060
Nigeria	2000	1	1061
Poland	2000	1	1062
Portugal	2000	1	1063
Romania	2000	1	1064
Russia	2000	1	1065
Saudi Arabia	2000	1	1066
Senegal	2000	1	1067
Slovakia	2000	1	1068
Slovenia	2000	1	1069
South Africa	2000	1	1070
Spain	2000	1	1071
Sweden	2000	1	1072
Switzerland	2000	1	1073
Taiwan	2000	1	1074
Tanzania	2000	1	1075
Thailand	2000	1	1076
Togo	2000	1	1077
Turkey	2000	1	1078
Uganda	2000	1	1079
Ukraine	2000	1	1080
United Kingdom	2000	1	1081
United States	2000	1	1082
Uruguay	2000	1	1083
Uzbekistan	2000	1	1084
Venezuela	2000	1	1085
Zambia	2000	1	1086
Zimbabwe	2000	1	1087

Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>
Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>

 <701> | Residential Local Service Charge Effective Date |

<702> Single State-wide Residential Local Service Charge

10/14/2013

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

<910> Tribal Land(s) on which ETC Serves

Aleknagik
Clarks Point
Curyung
Etuk
Manoktak
Etwok
Igiugig
King Salmon
Levelock
Naknek
New Koliganek
New Stuyahok
South Naknek

<920> Tribal Government Engagement Obligation

619008ak920

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
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<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
Data Collection Form			
<010>	Study Area Code	619008	
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe	
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403	
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com	

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	619008AK1210	Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP	
<1221>	<p>"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:</p> <p>Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,</p>	<input checked="" type="checkbox"/>	
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>	
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>	

(2000) Price Cap Carrier Additional Documentation
 Data Collection Form
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppa
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

<2012>	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>

<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>

<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
<2020>	Interim Progress Certification	<input type="checkbox"/>

Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0985/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))
 Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

☐

(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))
 Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report
 Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3012) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
 PDF of Balance Sheet, Income Statement and Statement of Cash Flows
 If the response is yes on line 3014, attach your company's RUS annual report and all required documentation
 If the response is no on line 3014, is your company audited?

Name of Attached Document Listing Required Information

☐ (Yes/No)
☐ (Yes/No)

(3015) Management letter issued by the independent certified public accountant that performed the company's financial audit.
 If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
 Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

☐ (Yes/No)

(3019) Management letter issued by the independent certified public accountant that performed the company's financial audit.
 If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
 Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

☐
☐
☐

(3020) Underlying information subjected to a review by an independent certified public accountant
 Underlying information subjected to an officer certification.
 PDF of Balance Sheet, Income Statement and Statement of Cash Flows
 Attach the worksheet listing required information

☐
☐
☐

(3021) Underlying information subjected to a review by an independent certified public accountant
 Underlying information subjected to an officer certification.
 PDF of Balance Sheet, Income Statement and Statement of Cash Flows
 Attach the worksheet listing required information

☐
☐
☐

Name of Attached Document Listing Required Information

REDACTED - FOR PUBLIC INSPECTION

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	619008
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	619008
<015> Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035> Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039> Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ginger Johnstone</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Ginger Johnstone
Name of Reporting Carrier:	BRISTOL BAY CELLULAR PARTNERSHIP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Officer:	Todd Hoppe
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	9072466399
Study Area Code of Reporting Carrier:	619008 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	BRISTOL BAY CELLULAR PARTNERSHIP
Name of Authorized Agent or Employee of Agent:	Lukas, Nace, Gutierrez & Sachs, LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/14/2013
Printed name of Authorized Agent or Employee of Agent:	Ginger Johnstone
Title or position of Authorized Agent or Employee of Agent:	Paralegal
Telephone number of Authorized Agent or Employee of Agent:	703-584-8674
Study Area Code of Reporting Carrier:	619008 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<010>	Study Area Code	
<015>	Study Area Name	BRISTOL BAY CELLULAR PARTNERSHIP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd A. Hoppe
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-246-3403
<039>	Contact Email Address - Email Address of person identified in data line <030>	manager@bristolbay.com
<810>	Reporting Carrier	Bristol Bay Cellular Partnership
<811>	Holding Company	
<812>	Operating Company	

[illegible]

Bristol Bay Cellular Partnership

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

Bristol Bay Cellular Partnership (“BBCP”) hereby certifies that it complies with applicable service quality and consumer protection practices in connection with its provision of wireless voice services. Among other things, BBCP:

- (1) Discloses rates and terms of its voice services to customers.
- (2) Makes available maps showing where voice services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice service.
- (4) Allows a trial period for new voice service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by CPNI rules and other rules for the protection of consumer privacy.
- (11) Provides consumers with access to information regarding voice, data and messaging usage.
- (12) Does not offer customers international roaming.
- (13) Complies with the service standards promulgated by the State of Alaska.

REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Cellular Partnership

Line 610 – Functionality in Emergency Situations

REDACTED – FOR PUBLIC INSPECTION

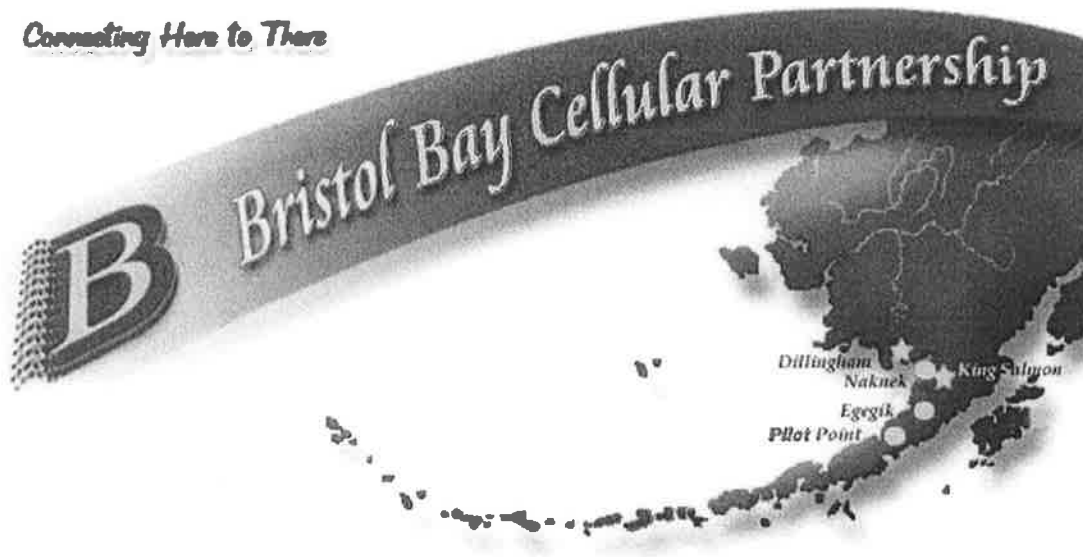
REDACTED - FOR PUBLIC INSPECTION

Bristol Bay Telephone Cooperative
Bristol Bay Cellular Partnership

Lines 910 – 929: Tribal Lands Reporting

REDACTED – FOR PUBLIC INSPECTION

Connecting Here to There



Bristol Bay Cellular Partnership (BBCP) provides cellular service to the Bristol Bay Region.

Service is available in King Salmon/Naknek/South Naknek, Clarks Point, Dillingham, Egegik, Ekwok, Igiugig, Koliganek, Levelock, Manokotak, New Stuyahok, and Pilot Point.

When you sign up for service with BBCP you will be able to take your BBCP cell phone to any of these villages and have service. Currently BBCP offers one year contracts with unlimited local minutes. You have the option to pay monthly or annually.

Paying annually gives you 12 months of service for the price of 10!
New Subscribers will receive a new phone with a signed contract. Some restrictions may apply.

BBCP Application

As of Monday, May 16, 2011 Bristol Bay Cellular phones will work in Anchorage and the Lower 48!

All Local calls, Long Distance and Texting will be one flat monthly rate.
Please stop by or call our office for all the details.

If you receive state or federal assistance from certain programs, or if your household qualifies as low-income, you may be eligible to apply for the federal **lifeline** and **link-up** program. This program offers service for just \$1 a month and greatly reduced installation charges. Included with your lifeline

service is Unlimited local calling; Touch tone capability; Access to operator services; Directory assistance; Access to emergency 9-1-1 and 800 or 800-like toll free services; One free directory listing; One free white page telephone directory; Free toll blocking for lifeline; Free access to the telephone relay service; and Free access to our business office. The application has a list of all the qualifying programs.

Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your household is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household expenses include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities.

Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

Lifeline Application

A service agreement is required for all plans. All calls are rounded up to the next full minute. A deposit may be required. Long Distance (toll) fees may not be included and may incur additional charges due on your monthly bill. Plans, activation fees, and long distance charges are subject to taxes and surcharges and subject to change without notice.

Your privacy is of utmost importance to BBCP. Therefore we require a password for all accounts. Our customer service representatives will not be able to discuss or provide any information in regards to your account without a password on file. For your convenience we have attached an **Establishment of Account Password** form to all service applications

Offices &
Dealers:

King Salmon

BBCP Main Office

1 Main Street
P.O. Box 456
King Salmon, AK
99613
907-246-6399
800-478-6399
fax: 246-1115

Dillingham

Bristol Bay Micro

15 D Street East
907-842-3966

Norman Heyano's

Dillingham Marina

105 B Street East
907-842-5564
fax: 842-3050

J&B Enterprises

540 Gauthier Way
or seasonally at
the Boat Harbor
907-842-5814
fax: 842-3917

BBCP Offers Hearing Aid Compatible Cellular Phones.
Information

Models And

BBCP Universal Services Offerings

In accordance with the FCC Rule 47 C.F.R. 54.401, Bristol Bay Cellular Partnership, (BBCP) herein provides the following information regarding its universal services offerings: BBCP offers single party local voice services.

Included with the service above, Touch Tone dialing is available to all customers.

Local emergency service may be reached by dialing "9-1-1."

Long Distance, operator service and directory assistance are available. BBCP offers limited Toll Services to qualifying low-income consumers.

Customer Complaint Procedure:

We would hope to achieve a satisfactory resolution to a customer complaint or dispute regarding service or billing. In the event, after a

reasonable time, the complainant is not satisfied with Managements disposition of the complaint, he may then contact the Regulatory Commission of Alaska at 701 W. Eighth Avenue, Suite 300, Anchorage, AK 99501 or by calling 907-276-6222.

Rights & Responsibility:

Your service and equipment may be used for legal purposes only and may not be used in a way that interferes with the service or equipment of others. Equipment that you may connect to our service must be in compliance with our tariffs and Federal Communications Commission regulations.

Telephone | Cable TV | Internet | Favorite Links | Home

© BBTC, Inc.

Contact Bristol Bay Cellular

P.O. Box 456 • 1 Main Street

King Salmon, Alaska 99613

907-246-6399 Fax:

907-246-1115

800-478-6399

Contact the webmaster

BRISTOL BAY CELLULAR PARTNERSHIP

Lifeline and Link-Up Assistance Program

Application and Certification

Annual Certification Is Required

Bristol Bay
CELLULAR

PARTNERSHIP

P.O. Box 456, King Salmon, AK 99613

907-246-6399 / fax: 907-246-1115

Telephone Number: _____

Applicant Information

First Name	Last	M.I.
------------	------	------

Physical Address	Check here if this is your permanent address: <input type="checkbox"/>
------------------	--

Mailing Address _____

Birthdate	Last 4 Digits of Social Security #
-----------	------------------------------------

Lifeline is a federal government assistance benefit that provides a monthly discount on home *or* mobile telephone services. Only **ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple companies. Lifeline is a non-transferable benefit. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, and/or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment and, potentially, prosecution by the U.S. government. Lifeline is a federal government benefit program and only qualified persons may participate.

Your **household** is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor. Household **expenses** include food, health care expenses and the cost of renting or paying a mortgage on your place of residence, and utilities. **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents and guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

Eligibility Requirements – Assistance Program Participation or Household Income Level (Check A or B)

- A. ☐ I currently participate in or receive benefits from one or more of the following programs:
(For each program checked, you will need to provide proof of participation)

Assistance Program Participation

- | | |
|--|---|
| <input type="checkbox"/> Medicaid (not Medicare) | <input type="checkbox"/> Low Income Home Energy Assistance |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Alaska Temporary Assistance Program |
| <input type="checkbox"/> Denali Kid Care | <input type="checkbox"/> Child Care Assistance Program |
| <input type="checkbox"/> Alaska Adult Public Assistance Program | <input type="checkbox"/> Senior Care |
| <input type="checkbox"/> Veterans Administration (VA) Disability Pension | <input type="checkbox"/> Woman, Infants, and Children's Program (WIC) |

☐ State of Alaska Heating Assistance Program
 ☐ Federal Public Housing Assistance (Section 8)
☐ National School Lunch Program (income based)
 ☐ Alaska State Housing Corporation Programs
B. ☐ There are members of my household and my household income is at or below 135% of the Federal Income Eligibility Thresholds. (Note: You must provide documentation verifying your household income. When providing documents pertaining to monthly benefits or wages, customer must provide 3 consecutive months of proof.)

Income Eligibility Thresholds

Size of Household	Lifeline Eligibility Level For 2013 for Alaska	Documentation of "household" income must be provided in one of The following form:
1	\$19,373	* A previous year's state of federal tax return * A current income statement from an employer or 3 months of paycheck stubs * A statement of benefits from the U.S. Social Security Admin. * A statement of benefits from the U.S. Dept. of Veterans Affairs * A retirement or pension statement of benefits * An unemployment or worker's compensation statement of benefits * A federal or tribal notice of letter of participation in general assistance * A divorce decree or child support document * Any other official documentation to substantiate income
2	\$26,163	
3	\$32,954	
4	\$39,744	
5	\$46,535	
6	\$53,325	
7	\$60,116	
8	\$66,906	
For each additional person, add	\$6,791	

Subscriber Responsibilities & Acknowledgements

I acknowledge and certify under penalty of perjury that (1) I have read the information in this application; (2) the information contained in this application is true and correct; and (3) I understand that I must meet the above qualifications to receive Lifeline and Link-Up assistance.

- 1) I understand that Lifeline support is only available for a single telephone line at my principle residence.
Initial here:
- 2) I understand that I may not receive Link-Up assistance more than once at the same principle residence.
- 3) I understand that completion of this application does not constitute immediate enrollment in this program.
- 4) I understand service will be provided subject to the terms and conditions of service explained by the customer service agent and BBCP terms and conditions.
- 5) I agree to notify BBCP within (30) calendar days if (A) my household income exceeds 135% of the federal poverty guidelines or (B) I no longer participate in the program(s) identified above.
- 6) I further consent to the release of the information on this application internally pursuant to the administration of this program.
- 7) I understand that providing false statements in order to receive a federal government program is punishable by law.
- 8) I understand that at any time, I will be required to provide continued proof of eligibility, and if I fail to provide that information, it will result in my de-enrollment and the termination of my benefit of Lifeline.
Initial here:
- 9) I give consent for my information to be shared with the Universal Service Administration Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline benefit.
- 10) The information contained in this certification is true and correct to the best of my knowledge.

Printed Name of Applicant

Date of Application

Signature of Applicant

Relationship to Applicant